

Michigan Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing
 Regulatory and Compliance Division
 P.O. Box 30670
 Lansing, MI 48909
 (517) 373-4972
 www.michigan.gov/healthlicense

Board Use Only

**APPLICATION FOR REINSTATEMENT OF
 SUSPENDED/REVOKED LICENSE OR REGISTRATION**

Authority: Michigan Public Health Code, Public Act 368 of 1978,
 as amended

Type or Print Clearly

First Name		Middle Name		Last Name																																								
Facility Name (if applicable)																																												
Street Address																																												
City		State	Zip Code	Telephone Number w/Area Code																																								
Michigan Professional License Number		U.S. Social Security Number		Date of Birth (MM/DD/YY)	TCN Identifier Number																																							
SIGNATURE					Date																																							
<p>Check the profession for which you are requesting reclassification. Please submit the appropriate fee indicated by the profession. Please make your check or money order payable to the STATE OF MICHIGAN. Do not send cash. Fees are earned upon receipt and can only be refunded under rules promulgated by the Department.</p> <table border="0"> <tr> <td><input type="checkbox"/> ACUPUNCTURIST - \$75.00 (54-01-50)</td> <td><input type="checkbox"/> O.D. - \$25.00 (49-01-50)</td> <td><input type="checkbox"/> L.L.P. - \$55.00 (63-01-50)</td> </tr> <tr> <td><input type="checkbox"/> ATHLETIC TRAINER - \$75.00 (26-01-50)</td> <td><input type="checkbox"/> D.O. - \$50.00 (51-01-50)</td> <td><input type="checkbox"/> L.P.C. - \$55.00 (64-01-50)</td> </tr> <tr> <td><input type="checkbox"/> AUDIOLOGIST - \$120.00 (16-01-50)</td> <td><input type="checkbox"/> O.T. - \$25.00 (52-01-50)</td> <td><input type="checkbox"/> L.L.P.C. - \$55.00 (64-01-50)</td> </tr> <tr> <td><input type="checkbox"/> D.C. - \$20.00 (32-01-50)</td> <td><input type="checkbox"/> O.T.A. - \$25.00 (52-02-50)</td> <td><input type="checkbox"/> R.T. - \$20.00 (44-01-50)</td> </tr> <tr> <td><input type="checkbox"/> DENTIST &/OR SPECIALTY - \$20.00 (29-01-50)</td> <td><input type="checkbox"/> PHARM - \$40.00 (53-01-50)</td> <td><input type="checkbox"/> SANITARIAN - \$20.00 (67-01-50)</td> </tr> <tr> <td><input type="checkbox"/> R.D.H. - \$15.00 (29-02-50)</td> <td><input type="checkbox"/> PHARM - CS - \$25.00 (3757-50)</td> <td><input type="checkbox"/> SPEECH-LANG.- \$20.00 (71-01-50)</td> </tr> <tr> <td><input type="checkbox"/> R.D.A. - \$10.00 (29-03-50)</td> <td><input type="checkbox"/> R.Ph. - \$25.00 (53-02-50)</td> <td><input type="checkbox"/> S.S.T. - \$15.00 (68-03-50)</td> </tr> <tr> <td><input type="checkbox"/> M.F.T. - \$30.00 (41-01-50)</td> <td><input type="checkbox"/> MANF/WHSLR - \$55.00 (53-06-50)</td> <td><input type="checkbox"/> LBSW - \$15.00 (68-02-50)</td> </tr> <tr> <td><input type="checkbox"/> MASSAGE THERAPY- \$25.00- (75-01-50)</td> <td><input type="checkbox"/> P.T. - \$20.00 (55-01-50)</td> <td><input type="checkbox"/> LMSW - \$15.00 (68-01-50)</td> </tr> <tr> <td><input type="checkbox"/> M.D. - \$50.00 (43-01-50)</td> <td><input type="checkbox"/> P.T.A. - \$20.00 (55-01-50)</td> <td><input type="checkbox"/> D.V.M. - \$20.00 (69-01-50)</td> </tr> <tr> <td><input type="checkbox"/> R.N. and/or SPECIALTY - \$24.00 (47-04-50)</td> <td><input type="checkbox"/> P.A. - \$35.00 (56-01-50)</td> <td><input type="checkbox"/> VET TECH - \$10.00 (69-02-50)</td> </tr> <tr> <td><input type="checkbox"/> L.P.N. - \$20.00 (47-03-50)</td> <td><input type="checkbox"/> D.P.M. - \$20.00 (59-01-50)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> N.H.A. - \$15.00 (48-01-50)</td> <td><input type="checkbox"/> PSYCHOLOGIST-\$55.00 (63-01-50)</td> <td></td> </tr> </table>						<input type="checkbox"/> ACUPUNCTURIST - \$75.00 (54-01-50)	<input type="checkbox"/> O.D. - \$25.00 (49-01-50)	<input type="checkbox"/> L.L.P. - \$55.00 (63-01-50)	<input type="checkbox"/> ATHLETIC TRAINER - \$75.00 (26-01-50)	<input type="checkbox"/> D.O. - \$50.00 (51-01-50)	<input type="checkbox"/> L.P.C. - \$55.00 (64-01-50)	<input type="checkbox"/> AUDIOLOGIST - \$120.00 (16-01-50)	<input type="checkbox"/> O.T. - \$25.00 (52-01-50)	<input type="checkbox"/> L.L.P.C. - \$55.00 (64-01-50)	<input type="checkbox"/> D.C. - \$20.00 (32-01-50)	<input type="checkbox"/> O.T.A. - \$25.00 (52-02-50)	<input type="checkbox"/> R.T. - \$20.00 (44-01-50)	<input type="checkbox"/> DENTIST &/OR SPECIALTY - \$20.00 (29-01-50)	<input type="checkbox"/> PHARM - \$40.00 (53-01-50)	<input type="checkbox"/> SANITARIAN - \$20.00 (67-01-50)	<input type="checkbox"/> R.D.H. - \$15.00 (29-02-50)	<input type="checkbox"/> PHARM - CS - \$25.00 (3757-50)	<input type="checkbox"/> SPEECH-LANG.- \$20.00 (71-01-50)	<input type="checkbox"/> R.D.A. - \$10.00 (29-03-50)	<input type="checkbox"/> R.Ph. - \$25.00 (53-02-50)	<input type="checkbox"/> S.S.T. - \$15.00 (68-03-50)	<input type="checkbox"/> M.F.T. - \$30.00 (41-01-50)	<input type="checkbox"/> MANF/WHSLR - \$55.00 (53-06-50)	<input type="checkbox"/> LBSW - \$15.00 (68-02-50)	<input type="checkbox"/> MASSAGE THERAPY- \$25.00- (75-01-50)	<input type="checkbox"/> P.T. - \$20.00 (55-01-50)	<input type="checkbox"/> LMSW - \$15.00 (68-01-50)	<input type="checkbox"/> M.D. - \$50.00 (43-01-50)	<input type="checkbox"/> P.T.A. - \$20.00 (55-01-50)	<input type="checkbox"/> D.V.M. - \$20.00 (69-01-50)	<input type="checkbox"/> R.N. and/or SPECIALTY - \$24.00 (47-04-50)	<input type="checkbox"/> P.A. - \$35.00 (56-01-50)	<input type="checkbox"/> VET TECH - \$10.00 (69-02-50)	<input type="checkbox"/> L.P.N. - \$20.00 (47-03-50)	<input type="checkbox"/> D.P.M. - \$20.00 (59-01-50)		<input type="checkbox"/> N.H.A. - \$15.00 (48-01-50)	<input type="checkbox"/> PSYCHOLOGIST-\$55.00 (63-01-50)	
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Please Read Carefully:

1. Submit this application, along with the required supporting documents, to the address shown above.
2. All supporting affidavits **must be notarized**.
3. All supporting documents **must be attached to this application**.
4. Submission of separate mailing of the supporting documents is not acceptable and will cause rejection of your application.
5. The proper fee, as listed above, must accompany this application or it will be rejected.
6. You must have a criminal background check and provide the TCN identifier number assigned to you.
 The **TCN** is required and will be supplied by the entity performing the criminal background check pursuant to Section 333.16174 (see attached "Livescan Fingerprint Request" form).

Supporting documents shall establish clear and convincing evidence of compliance with all applicable criteria set forth in the Guidelines on Reinstatement and, in addition, shall include a minimum of two (2) affidavits which attest to any or all of the following:

- A. that you are of good moral character,
- B. that you are able to resume the practice of your profession with reasonable skill and safety, and
- C. that it is in the public interest that your license be reinstated.

Michigan Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing – Regulatory and Compliance Division

GUIDELINES ON REINSTATEMENT

In accordance with Section 333.16245(6) of the Public Health Code, 1978 P.A. 368, as amended, the following guidelines were adopted on November 4, 1996.

1. The applicant has participated in one or more community service or professional volunteer activities or programs since the revocation or suspension of his or her license or registration.
2. The applicant has successfully completed one or more substance abuse treatment programs, which may include inpatient or outpatient care at a substance abuse facility, regular attendance at Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meetings, AA/NA sponsorship, regular or random witnessed alcohol/drug urine or blood screens, individual or group counseling or therapy, Caduceus or other professional support group attendance, an agreement with his or her employer for monitoring, or ongoing review by a primary care physician knowledgeable and experienced in the treatment of chemical dependency. This criterion applies only if the applicant's license or registration was suspended or revoked due to a substance abuse violation.
3. The applicant has participated in an inpatient or outpatient treatment for mental, psychological, emotional and/or physical disorders. This criterion applies only if the applicant's license or registration was revoked due to a mental, psychological, emotional and/or physical disorder.
4. The applicant has complied with all terms of his or her order of discipline, including payment of fines and costs as set forth in said order.
5. The applicant has successfully completed one or more continuing education programs during the period of suspension or revocation, or consumed current literature concerning the practice of his or her particular profession.
6. The applicant has participated in didactic or clinical training, including remedial education in areas previously found deficient, or successfully completed an overall refresher course if the applicant has been out of practice for a significant period of time.
7. The applicant has submitted an assessment or evaluation of the applicant's professional skills and knowledge by an individual or entity who is trained or otherwise qualified to make such an evaluation.
8. The applicant desires in good faith to be restored to the privilege of practicing his or her profession in Michigan.

If the board or task force, in reinstating a license or registration, deviates from the guidelines, the board or task force shall state the reason for the deviation on the record.



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING

MIKE ZIMMER
DIRECTOR

CRIMINAL BACKGROUND CHECK FINGERPRINT REQUEST FORM INSTRUCTIONS (For Applicants in Michigan)

1. Applicants for a Michigan health professional license must have their fingerprints taken under an Agency ID/ORI Number specific for the board for which they are applying. Fingerprints may be taken by either MorphoTrust (formerly L-1 Enrollment) or another agency listed at www.michigan.gov/lsvendor. Whether you use MorphoTrust or another agency, you must use an Agency ID Number for a Health Professional licensing board. These Agency ID numbers **MUST** be used in order to have the fingerprint report sent to the Bureau of Professional Licensing. Receipts **should not** be mailed to the office, but kept for your own records.
2. Please complete the Livescan Fingerprint Request Form and check the box for the profession for which you have applied. Incorrectly selected professions/agency ID's may delay the criminal background check process.
3. You must bring the Livescan Fingerprint Request Form with a driver's license or other state or federal-issued picture identification to your fingerprint appointment. You will also be required to pay a separate fee to the fingerprint agency when registering and/or scheduling your appointment.
4. When your fingerprints are taken, a technician will perform a scan of your fingerprints and submit the data electronically to the Michigan State Police.
5. If no criminal history is found, the Bureau of Professional Licensing will be notified.
6. If criminal history information is found, the Michigan State Police will send the record directly to the Bureau for review.
7. Information about fees and scheduling your fingerprint appointment with MorphoTrust can be found at www.identogo.com or by calling 1-866-226-2952.
8. Please do not contact the board office regarding your criminal background check, unless your fingerprints were taken **more** than 30 days ago.
9. **Please note:** Fingerprints taken for any other agency will not fulfill fingerprint requirements for a health professional license in Michigan.



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING

MIKE ZIMMER
DIRECTOR

**CRIMINAL BACKGROUND CHECK
FINGERPRINT REQUEST FORM INSTRUCTIONS**
(For applicants out of state or out of country)

1. Contact a local law enforcement, governmental, or private fingerprint agency to perform an ink fingerprint on an FBI (FD-258) card or on another state's or country's official fingerprint card. The ink fingerprint must be completed on card stock paper.
2. Submit the ink fingerprint card along with the completed Livescan Fingerprint Request Form and a business check or money order for \$62.50, made payable in U.S. Funds, to "MorphoTrust USA" to the following address:

MorphoTrust USA
Attn: Card Scan Processing Unit
3051 Hollis Drive Ste 310
Springfield IL 62704

3. Please include a daytime telephone number or e-mail address with your request where you can be reached if there are any questions.
4. MorphoTrust will submit your fingerprints to the Michigan State Police for analysis.
5. If no criminal history information is found, the Bureau of Professional Licensing will be notified.
6. If criminal history information is found, the Michigan State Police will send the record directly to the Bureau for review.
7. Call MorphoTrust toll-free at 1-866-226-2952 (8am - 5pm EST) if you have any questions.
8. Applicants for a Michigan health professional license must have their fingerprints taken under the Agency ID/ORI Number specific for the board for which they are applying.
9. Please do not contact the board office regarding your criminal background check, unless your fingerprints were taken **more** than 30 days ago.
10. **Please note:** Fingerprints taken for any other agency will not fulfill fingerprint requirements for a health professional license in Michigan.

RICK SNYDER
GOVERNORSTATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSINGMIKE ZIMMER
DIRECTOR**LIVESCAN FINGERPRINT REQUEST FORM**

Applicant Instructions: Please complete the top section of this form then print it and take it along with your picture ID to your scheduled appointment.

First Name:		Middle Name:		Last Name:	
Street Address:				Apt/Bldg.#:	
City:		State:		ZIP Code:	
Daytime Telephone Number w/ Area Code:		State or Country of Birth:			
Date of Birth (MM/DD/YYYY):		Race:		Sex:	
Height:	Weight:		Eye Color:		Hair Color:
Please select the type of license/registration you are applying for (MD, DO, RPH, LPN, RN, PT, etc.):					
<input type="checkbox"/> Acupuncture Agency ID # 90889P	<input type="checkbox"/> Medicine Agency ID # 90897K		<input type="checkbox"/> Physical Therapy Agency ID # 90906M		
<input type="checkbox"/> Athletic Trainer Agency ID # 90890J	<input type="checkbox"/> Nursing- LPN Agency ID # 90899J		<input type="checkbox"/> Physician Assistant Agency ID # 90907E		
<input type="checkbox"/> Audiology Agency ID # 90891P	<input type="checkbox"/> Nursing- RN Agency ID # 90898T		<input type="checkbox"/> Podiatry Agency ID # 90908L		
<input type="checkbox"/> Chiropractic Agency ID # 90892H	<input type="checkbox"/> Nursing Home Admin Agency ID # 90901K		<input type="checkbox"/> Psychology Agency ID # 90909A		
<input type="checkbox"/> Counseling Agency ID # 90893M	<input type="checkbox"/> Occupational Therapy Agency ID # 90902T		<input type="checkbox"/> Respiratory Care Agency ID # 90910L		
<input type="checkbox"/> Dentistry Agency ID # 90894E	<input type="checkbox"/> Optometry Agency ID # 90903J		<input type="checkbox"/> Social Work Agency ID # 90912K		
<input type="checkbox"/> Marriage & Fam. Ther. Agency ID # 90895L	<input type="checkbox"/> Osteopathic Medicine Agency ID # 90904P		<input type="checkbox"/> Speech-Lang Pathology Agency ID # 90913T		
<input type="checkbox"/> Massage Therapy Agency ID # 90896A	<input type="checkbox"/> Pharmacy Agency ID # 90905H		<input type="checkbox"/> Veterinary Medicine Agency ID # 90914J		

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE FINGERPRINTING AGENCY

Fingerprint Date:	TCN:
Type of ID Presented:	

REQUESTING AGENCY INFORMATION

Agency Name: MI DEPT OF LARA-	Reason Fingerprinted: LHP – Licensed Health Care Professional (MCL333.16174)	Cost:
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LARA is an equal opportunity employer.
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
611 W. OTTAWA ST. • P.O. BOX 30670 • LANSING, MICHIGAN 48909
www.michigan.gov/healthlicense • (517) 335-0918

HEALTH CODE BOARDS
DISCIPLINARY PROCEEDINGS

R 792.10711 License; registration; duration of suspension; standards and procedures

for reinstatement after revocation or suspension.

Rule 711. (1) The suspension of a license or registration shall continue until the expiration of the period of suspension set forth in the order or until the license or registration is reinstated pursuant to this rule, whichever is later. The period of suspension set forth in the order is a minimum period.

(2) A petition for reinstatement of a license or registration that has been suspended or revoked shall be made in accordance with this rule.

(3) If a license or registration has been suspended for 6 months or less, it will be presumed that the petitioner meets the requirements of section 7316, 16247(l), or 16248 of the code, MCL

333.7316, MCL 333.16247, or MCL 333.16248, unless 1 of the following applies:

(a) The order imposing the suspension provides otherwise.

(b) Another complaint has been filed and is pending at the end of the minimum suspension period.

(c) A subsequent disciplinary order has been entered.

(d) A petition with supporting affidavit has been filed by a complaining party alleging that the petitioner has failed to fulfill a term of the suspension order.

(4) The presumption described in subrule (3) of this rule is made solely for the issue of reinstatement and shall not be used in any subsequent or collateral proceedings.

(5) If a license or registration has been suspended for more than 6 months, or if the petitioner is not entitled to a presumption pursuant to subrule (3) of this rule, the license or registration shall not be reinstated until the board or task force finds that the petitioner meets the requirements of section 7316, 16247, or 16248 of the code, as follows:

(a) The petitioner shall file a petition for reinstatement not sooner than 90 days before the end of the minimum suspension period. The petition shall be accompanied by supporting affidavits.

(b) Within 30 days after the petition has been filed, a complaining party may file a response to the petition. If the response opposes the reinstatement, a hearing shall be scheduled. If the petitioner fails to appear at the scheduled hearing, either in person or by counsel, the petitioner shall be deemed in default. If a response is not filed, or if the response does not oppose reinstatement, the board or task force shall review the petition with supporting affidavits and shall determine whether the requirements of section 7316, 16247, or 16248 of the code have been met. If it is found that the requirements have not been met, the petitioner shall be notified

and, within 30 days after service of the notice, may request a hearing. The petition for reinstatement shall be deemed denied if the petitioner does not file a timely request for a hearing.

(6) A petition for reinstatement of a revoked license or registration shall be considered in accordance with the standards and procedures set forth in subrule (5) of this rule. The petition shall not be accepted sooner than 3 years after the effective date of the revocation, except that where the license or registration was revoked pursuant to section 16221(b)(vii) or (c)(iv) of the code, MCL 333.16221, for a felony conviction or was revoked for any other felony conviction involving controlled substances, the petition shall not be accepted sooner than 5 years after the effective date of the revocation. A period of summary suspension is not included in calculating the revocation period.

(7) Before reinstating a license or registration, the board or task force shall consider the following in assessing a petitioner's ability to practice and the public interest:

(a) The board or task force shall determine whether the petitioner has complied with the guidelines adopted by the department pursuant to section 16245(6) of the code, MCL 333.16245.

If, in reinstating the license or registration, the board or task force deviates from the guidelines, it

shall state in its order the reasons for the deviation.

(b) If the disciplinary subcommittee's final order included corrective measures, remedial education, or training as a condition of reinstatement, the board or task force shall consider the extent of the petitioner's compliance with the conditions set forth in the final order. In addition, the board or task force may impose other requirements for reinstatement as deemed appropriate,

including additional training, education, or supervision.

(c) If the final order of the disciplinary subcommittee did not address corrective measures, remedial education, or training as a condition of reinstatement, the board or task force, in determining a petitioner's ability to practice safely and competently, may consider the need for additional training and education in determining if the petitioner has met the criteria established in section 16247(l) of the code, MCL 333.16247(1).

(8) After a hearing has been completed, the board or task force shall determine whether the petitioner has satisfied section 7316, 16247, or 16248 of the code MCL 333.7316, MCL 333.16247, or MCL 333.16248. The board or task force may deny the petition or grant the petition subject to terms and conditions that it deems appropriate.

(9) A subsequent petition for reinstatement may not be filed with the bureau for at least 1 year after the effective date of the order denying reinstatement.

History: 2015 MR 1, Eff. Jan. 15, 2015.

PUBLIC HEALTH CODE (EXCERPT)
Act 368 of 1978

333.16245 Reinstatement of limited, suspended, or revoked license or registration; application; payment; time; hearing; guidelines; fee; criminal history check.

Sec. 16245.

(1) Except as otherwise provided in this section, an individual whose license is limited, suspended, or revoked under this part may apply to his or her board or task force for a reinstatement of a revoked or suspended license or reclassification of a limited license pursuant to section 16247 or 16249.

(2) Except as otherwise provided in this section, an individual whose registration is suspended or revoked under this part may apply to his or her board for a reinstatement of a suspended or revoked registration pursuant to section 16248.

(3) A board or task force shall reinstate a license or registration suspended for grounds stated in section 16221(j) upon payment of the installment.

(4) Except as otherwise provided in this subsection, in case of a revoked license or registration, an applicant shall not apply for reinstatement before the expiration of 3 years after the effective date of the revocation. In the case of a license or registration that was revoked for a violation of section 16221(b)(vii) or (xiii), a violation of section 16221(c)(iv) consisting of a felony conviction, any other felony conviction involving a controlled substance, or a violation of section 16221(q), an applicant shall not apply for reinstatement before the expiration of 5 years after the effective date of the revocation. In the case of a license or registration that was permanently revoked for a violation of section 16221(b)(xiii), the former licensee or registrant is ineligible for reinstatement. The department shall return an application for reinstatement received before the expiration of the applicable time period under this subsection or if the applicant is ineligible for reinstatement under this subsection.

(5) The department shall provide an opportunity for a hearing before final rejection of an application for reinstatement unless the application is returned because the applicant is ineligible for reinstatement under subsection (4).

(6) Based upon the recommendation of the disciplinary subcommittee for each health profession, the department shall adopt guidelines to establish specific criteria to be met by an applicant for reinstatement under this article or article 7. The criteria may include corrective measures or remedial education as a condition of reinstatement. If a board or task force, in reinstating a license or registration, deviates from the guidelines adopted under this subsection, the board or task force shall state the reason for the deviation on the record.

(7) An individual who seeks reinstatement or reclassification of a license or registration pursuant to this section shall pay the application processing fee as a reinstatement or reclassification fee. If approved for reinstatement or reclassification, the individual shall pay the per year license or registration fee for the applicable license or registration period.

(8) An individual who seeks reinstatement of a revoked or suspended license or reclassification of a limited license pursuant to this section shall have a criminal history check conducted in accordance with section 16174 and submit a copy of the results of the criminal history check to the board with his or her application for reinstatement or reclassification.

History: 1978, Act 368, Eff. Sept. 30, 1978 ;-- Am. 1986, Act 174, Imd. Eff. July 7, 1986 ;-- Am. 1988, Act 462, Eff. Sept. 1, 1989 ;-- Am. 1993, Act 79, Eff. Apr. 1, 1994 ;-- Am. 1993, Act 87, Eff. Apr. 1, 1994 ;-- Am. 1998, Act 109, Eff. Mar. 23, 1999 ;-- Am. 2006, Act 26, Imd. Eff. Feb. 17, 2006 ;-- Am. 2011, Act 223, Imd. Eff. Nov. 15, 2011

Compiler's Notes: Section 3 of Act 174 of 1986 provides: "This amendatory act shall only apply to contested cases filed on or after July 1, 1986."

Popular Name: Act 368

PUBLIC HEALTH CODE (EXCERPT)
Act 368 of 1978

333.16247 Reinstatement of license or issuance of limited license; requirements.

Sec. 16247.

(1) A board or task force may reinstate a license or issue a limited license to an individual whose license has been suspended or revoked under this part if after a hearing the board or task force is satisfied by clear and convincing evidence that the applicant is of good moral character, is able to practice the profession with reasonable skill and safety to patients, has met the criteria in the rules promulgated under section 16245(6), and should be permitted in the public interest to practice. Pursuant to the rules promulgated under section 16245(6), as a condition of reinstatement, a disciplinary subcommittee, upon the recommendation of a board or task force, may impose a disciplinary or corrective measure authorized under this part and require that the licensee attend a school or program selected by the board or task force to take designated courses or training to become competent or proficient in those areas of practice in which the board or task force finds the licensee to be deficient. The board or task force may require a statement on a form approved by it from the chief administrator of the school or program attended or the person responsible for the training certifying that the licensee has achieved the required competency or proficiency.

(2) As a condition of reinstatement, a board or task force shall place the licensee on probation for 1 year under conditions set by the board or task force. If a licensee whose license has been revoked cannot apply for reinstatement for 5 years after the date of revocation, then, as a condition of reinstatement, the board or task force shall require the licensee to take and pass the current licensure examination.

(3) A board or task force shall not reinstate a license suspended or revoked for grounds stated in section 16221(b)(i), (iii), or (iv) until it finds that the licensee is mentally or physically able to practice with reasonable skill and safety to patients. The board or task force may require further examination of the licensee, at the licensee's expense, necessary to verify that the licensee is mentally or physically able. A licensee affected by this section shall be afforded the opportunity at reasonable intervals to demonstrate that he or she can resume competent practice in accordance with standards of acceptable and prevailing practice.

History: 1978, Act 368, Eff. Sept. 30, 1978 ;-- Am. 1993, Act 79, Eff. Apr. 1, 1994
Popular Name: Act 368

PUBLIC HEALTH CODE (EXCERPT)
Act 368 of 1978

333.16248 Reinstatement of registration; requirements.

Sec. 16248.

A registration board may reinstate a registration revoked or suspended under this part if, after a hearing, the board is satisfied by clear and convincing evidence that the individual is of good moral character, has the education and experience as required in this article, has met the criteria in the rules promulgated under section 16245(6), and will use the title lawfully and act in accordance with this article.

History: 1978, Act 368, Eff. Sept. 30, 1978 ;-- Am. 1993, Act 79, Eff. Apr. 1, 1994

Popular Name: Act 368

Michigan Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing

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LARA/HLD-003 (11/13)

Page 1 of 2

BOARD USE ONLY

DATA CHANGE/DUPLICATE LICENSE REQUEST

Authority: Public Act 368 of 1978, as amended.

PHARMACY STORES AND MANUFACTURER/WHOLESALE/DISTRIBUTORS DO NOT USE THIS FORM FOR A NAME AND/OR ADDRESS CHANGE. YOU WILL NEED TO COMPLETE A RELOCATION APPLICATION WHICH CAN BE OBTAINED EITHER ONLINE AT WWW.MICHIGAN.GOV/HEALTHLICENSE OR BY CONTACTING THIS OFFICE AT THE NUMBER LISTED ABOVE.

NURSE AIDES DO NOT USE THIS FORM. YOU NEED TO CONTACT PROMETRIC AT 1-800-752-4724 TO OBTAIN THE PROPER FORM FOR NAME AND/OR ADDRESS CHANGE OR TO OBTAIN A DUPLICATE CERTIFICATE.

Address changes can also be processed online by visiting our website at www.michigan.gov/elicense. However, please use this form when requesting a name change.

CURRENT INFORMATION ON LICENSE/REGISTRATION: Please TYPE or PRINT only.

First Name:	Middle Name:	Last Name:
MI Permanent I.D./License Number:	U.S. Social Security Number:	Date of Birth (MM/DD/YYYY):
Profession:	E-mail Address:	

Please check the boxes below for the service you are requesting:

Please specify which licenses/registrations you want changed. **NO CHANGES WILL BE MADE IF THIS FORM IS NOT COMPLETE.**

- | | | |
|--|--|--|
| <input type="checkbox"/> Professional License/Registration | <input type="checkbox"/> Controlled Substance | <input type="checkbox"/> Specialty License |
| <input type="checkbox"/> Drug Control | <input type="checkbox"/> Drug Treatment Prescriber | |

- ☐ 1. **NAME CHANGE:** I request the Department to change my records due to a name change. A copy of the legal document (**i.e. marriage certificate, divorce decree or other form of legal documentation**) must be submitted, with this form, to verify the name change you are requesting. Your signature must be provided on the reverse side. If you would like a new license reflecting your new name, please see fee requirement on reverse side.

First Name:	Middle Name:	Last Name:
Reason for Change:		

- ☐ 2. **ADDRESS CHANGE FOR PROFESSIONAL AND/OR SPECIALTY LICENSE:** I request the Department to change my records due to an address change. Your signature must be provided on the reverse side. If you would like a new license reflecting your new address, please see fee requirement on reverse side.

Name of Office/Facility (if applicable):		
Street Address:		
City:	State:	Zip Code:
Phone Number w/Area Code:	E-Mail Address:	

Name:		
<input type="checkbox"/> 3. ADDRESS CHANGE FOR CONTROLLED SUBSTANCE AND DRUG CONTROL LICENSE: I request the Department to change my records due to an address change. Your signature must be provided below. If you would like a new license reflecting your new address, please see fee requirement listed below.		
MI Permanent I.D. Number:		
Name of Office/Facility:		
Street Address of Office/Facility:		
City:	State:	Zip Code:
Phone Number w/Area Code:	E-Mail Address:	

<input type="checkbox"/> 4. DUPLICATE LICENSE - \$10.00 for EACH license: I request the Department to issue a duplicate for the following reason: <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> Data Change <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Not Received <input type="checkbox"/> Destroyed </div> <p style="margin-top: 10px;">If your license will expire in the next 60 days, you do not need to pay for a duplicate license. You will receive a new license after the renewal is processed.</p> <p>Please check below the license(s) you are requesting a duplicate to be issued. Make your check payable to the State of Michigan for the total amount.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="checkbox"/> Professional License/Registration - \$10.00 <input type="checkbox"/> Specialty License - \$10.00 </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="checkbox"/> Controlled Substance - \$10.00 <input type="checkbox"/> Drug Control - \$10.00 <input type="checkbox"/> Drug Treatment Prescriber - \$10.00 </div> <p style="margin-top: 10px;">Your check or money order drawn on a U.S. financial institution and made payable to the STATE OF MICHIGAN must accompany this request. DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.</p>		
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Signature of Applicant	Date Signed
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The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.